Knowledge, Attitudes, Behaviors of Nursing Faculty and Students' About Lesbian, Gay, Bisexual and Transgender People

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Homophobia, biphobia and transphobia in health care have been identified as a significant problem for non-heterosexual people. Homophobia is defined as the irrational fear of homosexuals (also related to biphobia and transphobia).

Minority stress refers to the additional stresses experienced from social processes, institutions, or structures because of identification as an oppressed group (Chin et al., 2009; Meyer, 2007). Research has found that fear of disclosure and minority stress are major contributors to a higher risk of physical and mental health problems among lesbian, gay, bisexual and transgendered (LGBT) populations (Buffie, 2010). With a long standing history of the discrimination, stigmatization, and denial of civil rights for LGBT people, homophobic healthcare providers only worsen the experience for those who identify as non-heterosexual.

Healthcare professionals who lack the knowledge, awareness, and sensitivity toward LGBT people can negatively impact how they provide care, ultimately contributing to minority stress. Health care providers who also exhibit poor attitudes, poor behavior, ignorance, and/or strong religious beliefs can also negatively affect the treatment of these individuals related to the stigma associated with being LGBT.

Nurses spend more time interacting with patients than do other health professionals. Because of their unique responsibility for patient care, it is vital to ensure that nurses provide competent care for all patients. According to the American Nurses Association (2004) and Joint Commission on Accreditation of Healthcare Organizations (2011), it is expected that all nurses will provide culturally competent care to all patients, including LGBT people. Due to a paucity of research on homophobia in nursing and nursing education this study served as an informative

investigation to determine the knowledge, attitudes and behavior of a large Midwestern university's nursing faculty and students regarding the LGBT population.

Review of Literature

In March 2011 the Institute of Medicine (IOM) released its report on the state of research on LGBT health. The IOM announced that a more solid evidence base for LGBT health is necessary, and federal research and data collection must collect more demographic information on the LGBT community. Another federal agency, the United States Department of Health and Human Services included in Healthy People 2010 a companion document for LGBT Health, the first time the organization acknowledged disparities among these individuals. LGBT health is now considered an objective of Healthy People 2020.

In 2010 Lambda Legal, the nation's oldest law firm organization that dedicates their efforts to LGBT equality, found that nearly 56 percent of LGB people and 70 percent of transgender people have experienced some form of discrimination while accessing healthcare. Even though the American Medical Association endorses the use of a nondiscrimination policy for all health care providers and facilities, more than half of all LGBT people have reported discrimination in healthcare (Lambda Legal, 2010).

To combat the discrimination, The Human Rights Campaign developed the Healthcare Equality Index in 2006 as a resource for all healthcare facilities across the country to assess and improve their policies and practices related to the LGBT community. In 2011 there were 87 respondents (representing 375 healthcare facilities) who completed the survey, with only 27 respondents reaching the criteria to be considered a leader in LGBT healthcare equality (HRC, 2011). While a number of organizations are rallying around a unified cause for LGBT health, there has been a paucity of research about healthcare professionals' attitudes, knowledge and behaviors toward LGBT people, a key component to understanding such disparity.

There is a dearth of literature on homophobia in nursing and even less on homophobia in nursing education. The research that does exist is old. In 1989, Randall surveyed Midwestern nurse educators and found that "52% believed that lesbians are 'unnatural', 34% thought lesbians as 'disgusting', and 23% considered lesbians as 'immoral'". One study found higher rates of homophobia among heterosexual male nursing students than among their female counterparts (Eliason, 1994). Harris, Nightingale, and Owen (1995) compared nurses, social workers, and psychologists, and found that nurses were more homophobic and less knowledgeable about LGBT issues than the other professions.

Gerd Rohndahl, Swedish researcher and activist, found that professional nurses were more apt to refrain from caring for homosexual individuals than were nursing students (2003). Rohndahl also found that nurses and nursing students with a background other than Swedish showed higher scores for homophobic anger and homophobic guilt (2003). In 2009, Rohndahl adapted the Knowledge about Homosexuality Questionnaire and found that two-thirds of nursing and medical students failed to attain the 70% passing mark on LGBT knowledge (2009). In addition, nursing students scored lower than medical students in regards to "care knowledge" of LGBT people.

Results of a more recent American study found that overall homophobia was low in nursing students and faculty members in a large Midwestern university (Dinkel, Patzel, McGuire, Rolfs, & Purcell, 2007). Interestingly, the authors attributed the low scores of homophobia to neutrality or heterosexism rather than to acceptance of all sexualities (Dinkel et al., 2007).

While there is national support for this field of research, a lack of research regarding homophobia among nursing faculty and students still exists. To the researcher's knowledge, no

other studies exist besides the 2007 Midwestern study on homophobia among nursing educators and students. In order to understand the minority stress LGBT individuals face while accessing healthcare, it is important to investigate the knowledge, attitudes and behaviors of those who spend the most time with the patient: nurses. It is imperative to research homophobia among nursing educators and future providers, among current nurses and healthcare professionals as well.

Design and Methods

A non-experimental descriptive study was used with a convenience sample of nursing students and faculty. The population included current nursing students in their 2nd, 3rd and 4th year as well as faculty members. Human Subjects Approval was obtained through the University's Institutional Review Board.

Instruments

Four available instruments and a demographic tool were used in this study: a modified Knowledge about Homosexuality Questionnaire (KAH), The Index of Homophobia (IAH), Homophobic Behavior of Students Scale (HBSS), and a modified stereotype homophobia tool from Randall and Eliason.

The Knowledge About Homosexuality Questionnaire (KAH) was developed by Harris, Nightingale, and Owen (1995) and measures healthcare professionals' knowledge about sexual orientation. The original KAH is a 20-item, true/false test. The first fourteen items were based on the work of Sears (1992), and the other questions were developed on material in Crooks and Baur (1990). In this study, four questions were omitted from the original tool because several questions assumed that LGBT sexualities were identified from birth or at a later time in one's life. Another question was omitted because the researcher thought that knowing the name of a

specific organization founded to help achieve legal rights was not pertinent to providing competent care. Nine items were then added to include bisexuals and transgendered people. The final instrument used was a 25-item, true/false/"don't know" test. "Don't know" was added to the answer choices in order to more accurately determine the knowledge without participants guessing. Cronbach's alpha for the modified test in this study was .77.

The IAH originally developed by Hudson and Ricketts (1980), is a 25-item Likert-type scale to assess homophobic and non-homophobic attitudes. Scores range from 0 to 100 with higher scores indicating a more homophobic attitude. Reliability was demonstrated with Cronbach's alpha at .90. In this study, the Cronbach's alpha was .69.

The Homophobic Behavior of Students Scale (HBSS), created by Van de Ven, Bornhodt and Bailey, measures students' behaviors toward gays and lesbians (Van de Ven, Bornholt, & Bailey, 1993; 1996). The HBSS is a 10-item Likert-type scale to rate willingness to participate in scenarios related to the gay and lesbian population. Respondents are asked to rate from 1 to 5, anchored with "very likely" to "very unlikely", their degree of intent to participate in scenarios. Higher scores indicate higher homophobia. The original tool's Cronbach's alpha ranged from .81 to .86. In this study, the Cronbach's alpha was .62.

The fourth tool utilized in the survey was adapted from a lesbian phobia test created in 1991 by two LGBT researchers, Michele Eliason and Carla Randall. Subjects were asked to consider 21 groups of people such as nurses, Catholics, or Democrats and rate whether people in these groups were more or less likely be a member of the LGBT community. The tool used a four-item Likert type scale anchored with the terms "very likely" and "not likely." The original test used the items only for rating the likelihood of people being associated with lesbianism; the

researchers in this study used LGBT. Permission from the authors to use the adapted version was granted. The Cronbach's alpha for this tool was .98

Procedure

Administration of the four part test occurred during spring quarter 2011, at a college of nursing in a large Midwestern university. An attempt to reach all nursing students in the 2nd, 3rd and 4th years in the nursing program through class visitation occurred with permission from lead instructors. The consent form, demographics tool, and homophobia instruments were distributed by the student researcher. Administration occurred at the end of class so that the students had the option of exempting themselves from the study. After completion of the tools, the students submitted their forms in two boxes in the front of the classroom, one for the consent form and one for the survey.

Faculty received the survey in their mailboxes with a letter explaining the purpose of the research, consent form, demographic tool, and the 4 instruments. Each completed form was sealed in an envelope and placed in a box beside the mailboxes. All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS), Version 18 Predictive Analytics Software. Descriptive statistics were used to analyze the demographic data. T-tests and Analysis of Variance (ANOVA) were used to compare groups.

Results

The sample consisted of 369 participants: 36 faculty members and 333 nursing students (114 sophomores, 106 juniors, and 108 seniors). The total sample ranged from 18 to 69 years of age with most identifying as heterosexual (97%), Caucasian (91%), Christian (75%), and Republican (34%). While 96.2% of all participants "knew" someone who identified as LGBT, only 79.4% of the participants stated that they had a "friend" who identified as LGBT. Only 6

individuals self-identified as gay or bisexual; there were no participants who identified as transgendered or lesbian. See Table 1.

Overall, knowledge level regarding LGBT individuals was low for both faculty and students. The mean score for all students was 64% and 70% for faculty members. There was a significant difference between student grade levels on knowledge ($p = .013$). Sophomore students had the lowest score regarding knowledge (61%), compared to the students in the junior (65%) and senior class (66%). Those who identified as bisexual, gay or lesbian ($p=.001$), non-Caucasian ($p=.002$), or Democrat ($p=.070$) displayed greater knowledge than their counterparts. Those who identified as having an LGBT friend also had greater knowledge scores (66%) than those who simply "knew" an LGBT person (65%), were "not sure" or did not have a LGBT friend (55%). Those who were Democrat had a mean score of 67% while Republicans had a mean score of 63%. Those who reported their identity as "Caucasian" had a mean score of 56%, while those who did not report themselves as "Caucasian" had a mean score of 66%.

For attitudes (IAH scores), possible scores ranged from 25-125, with higher scores indicating homophobia. The mean score for faculty was 55.4 and 63.4 for students. There were no statistically significant results found between grade levels. Participants who had a friend that was LGBT had a mean score of 59.7 and those who did not have an LGBT friend scored poorer with a 75.7. Democratic participants had a mean score of 56.8, while Republicans scored poorer with a 68.4.

Regarding behavior (HBSS), possible scores were from 0-100, with higher scores indicating more homophobic behavior. The mean score for faculty was 18.2 and the mean score for students was 27.2, indicating that students exhibited more homophobic behaviors than faculty. There were no statistically significant results between student grade levels. Those who

had a LGBT friend had a mean score of 24.0 and those who did not have a friend scored poorer with a mean score of 36.3.

Attitudes and behaviors between nursing student grade levels were not significantly different. If the respondent reported "know[ing]" an individual that was LGBT, their scores were more positive than those who "did not know." Furthermore, if the respondent had a "friend" that was LGBT, they scored even more positively on both attitudes and behaviors than those who simply knew an LGBT person or were "unsure".

While political affiliation ("Republican" or "Democrat") affected attitudes and behavior significantly, it did not affect knowledge level. Students who had an extra major aside from nursing had more positive attitudes than those who did not, but behavior and knowledge level were not significantly different. Those who identified their race as "African American", 'Asian American", "Other", "Hispanic" or "Native American" had greater knowledge than those who identified as "Caucasian", but attitudes and behaviors were not statistically significant. See Table 2.

Participants were also asked to rate whether groups of people were more or less likely to be LGBT. Numerous participants failed to complete the tool and some refused to answer it at all. Participants wrote comments exclaiming their disdain for the tool. Some comments included: "I think that any/or all groups might be LGBT, I do not think there is any specific group," "I wish this had been a 5 point scale, I would have circled '3' for all groups," "I think that everyone has a chance and it does not matter what your job or background is…it is just a part of who you are."

Of those who did respond, the results showed that victims of incest, Democrats, feminists, prostitutes, nonreligious people, male nurses, HIV positive people and Women's Studies majors were all rated as "more likely" to be LGBT than the other groups. The "least

likely" groups to be LGBT were Catholics, Jewish people, Republicans, single mothers, Protestants, elementary teachers, single fathers and athletes. There is more consistency in ratings among groups that were considered to be "most unlikely" to be LGBT than those groups who were considered most likely. See Table 3.

In this college of nursing, there is one cultural competency course designed to guide future nurses to provide culturally competent care to individuals, families and communities. There were no advantages in taking this particular course in regards to modifying their knowledge, attitudes or behavior towards LGBT individuals. There were also no advantages in taking any additional coursework such as a Women's Gender, and Sexuality class in addition to the standard nursing curriculum, as reported by student. Views were significantly more positive if a participant identified as non-white, non-heterosexual, or non-Republican than those who did.

Discussion

There is an education deficit regarding the history and culture of LGBT individuals in this university among nursing faculty and students. Mean scores of both groups were at 70% or below. Those who showed a higher knowledge had more positive attitudes and behavior toward LGBT people. Personal relationships (i.e. individuals who reported as having a LGBT friend) correlated with higher knowledge, suggesting that developing a friendship with others who are different from one's own identity increases their knowledge about other cultures. Diversifying both nursing faculty and student groups can help facilitate education of other cultures. This has the potential to impact attitudes and behaviors toward those of different sexualities, ultimately decreasing the stereotypes and stigmas associated with LGBT individuals. However, other efforts could be taken to further decrease homophobia by including coursework that covers the culture, history, and discrimination facing LGBT individuals while accessing healthcare.

While students and faculty exhibited overall homophobic attitudes and behavior, attitudes were more negative than their behaviors. This suggests that healthcare professionals (HCPs) could exhibit higher attitudes but not necessarily behave in a homophobic manner. HCPs may hold negative attitudes, but try to provide good care (positive behavior). More research is needed to understand this discrepancy. Will lessening homophobic attitudes necessarily result in more positive behaviors? Does greater knowledge indicate greater awareness, attitudes, and behaviors regarding the LGBT community?

This study assumes that attitudes and behaviors of healthcare providers in their community and in their social life, in addition to knowledge regarding the LGBT culture, could affect their professional work with patients who identify as LGBT. While social desirability is a factor to consider when assessing survey responses, it would be interesting to determine whether social location or social geography would affect the results of the respondents. For example, if health care professionals took the survey in their own home, perhaps online, would social desirability bias be minimized versus completing the tool with other healthcare professionals in a work setting?

A similar study of behaviors and attitudes toward LGBT people was conducted at another Midwestern college of nursing using the HBSS (behavior tool) and IAH (attitudes tool). Dinkel et. al (2007) found that *students* had a mean score of 34.9 on the IAH tool, indicating more positive *attitudes* than the present study (38.4). *Faculty members* in the 2007 study had an IAH (attitudes) mean score of 26.8, indicating more positive attitudes than this study (30.4). The HBSS mean score for *students* was 23.5, indicating that *behaviors* were slightly more positive than this study (27.2). Both studies found that student grade levels had no statistically significant correlations among attitudes and behaviors. The 2007 study excluded faculty members in the

HBSS analysis due to the "nature of the measures" and we were therefore unable to compare faculty scores (Dinkel et. al). Overall, Dinkel's results were comparable to this study suggesting that Midwestern society has not progressed in decreasing homophobia. Dinkel's smaller sample sizes and test distribution from faculty researchers (rather than student researchers) may account for their more positive results.

Limitations

Gender was not included on the demographic form. Therefore the researchers were unable to compare results between females and males which is a limitation of this study. In at least one study research showed that male nursing students were more homophobic than their female counterparts (Eliason, 1994).

The present study only compared those who "knew" or "had a friend" that was LGBT and not whether they identified that individual as "family" because of the varying definition of how one defines "family". Future studies could determine if the participant has family members who identify as LGBT.

The majority of faculty members considered themselves to be Democratic (65.5%), a political affiliation that is generally more accepting of the LGBT community. Faculty members, who may have been more homophobic than others, may have chosen not to complete the tool which may account for the more positive results. The response rate for faculty was 40%. Future studies should distribute the surveys at the end of large faculty meetings similar to how this study surveyed students at the end of their class times. The response rate for students was unable to be calculated due to the nature of the study and is considered a limitation of the study.

The LGBT Phobia Scale which assessed the stereotypes of who was more or less likely to be LGBT used a 4 point Likert scale, ultimately forcing the participants to choose who was more

or less likely to be LGBT between all groups of people. A 5-point likert scale incorporating a "neutral" column could be used in future studies to allow for more choice and accurate responses.

Implications

Overall, the results show that homophobia exists in this Midwestern college of nursing. There is a knowledge deficit regarding the LGBT culture at this university. The overall homophobic attitude and behavior of the sample was relatively low. Ideally, homophobia should not exist among health care providers just as racism, ageism, sexism, or ableism (discrimination of disability) should not exist. While patients may not identify themselves as LGBT, the sexual practices of humans vary from heterosexual to bisexual to homosexual. It is important for health care professionals to adopt a comprehensive understanding and perspective of gender and sexuality. It is also imperative for health care professionals to be aware of their own assumptions, attitudes, sensitivity and behaviors regarding not just the LGBT culture but of all cultures. The present study indicates that diversifying both the nursing faculty and student body in regards to religious beliefs, sexuality, or race would positively affect knowledge, attitudes and behavior of the LGBT culture.

Incorporating more of an intersectional approach and perspective to nursing care, research and education can allow for a fuller recognition of what it means to be a subject in the hospital allowing for true, genuine caring to occur. Single identity analysis dominates nursing research. One-dimensional stereotypes such as the side effects of medicine on black versus white test subjects or cardiac arrest symptoms among women versus men are often researched. In order to reduce the inequality in our country's health system, healthcare professionals must first understand more of the dimensions of the underprivileged populations. Gender, race,

socioeconomic status, ability, and sexuality have mostly been examined through healthcare research as their own entities, rather than interlocking mechanisms that differ upon social location and historic context. As feminist activist Florence Kennedy once stated, "General societal health is ever contingent upon its least significant member" (1976). While this study utilized multiple identities of the provider (faculty and students) the questionnaire did not address the multiple oppressive identities of the LGBT individual such as race, sexuality, ability, gender, and socioeconomic status.

Lynn Weber and Deborah Parr-Medina authors of *Intersectionality and Women's Health: Charting a Path to Eliminating Health Disparities* (2003) state that intersectionality "provides a powerful alternative way of addressing questions about health disparities that traditional approaches have been unsuccessful in answering." Intersectionality allows feminist theorists to ponder questions such as, how is race sexualized or perhaps sexuality gendered? However, nursing feminists have the ability to tackle another dynamic, social location, by addressing how sexuality is gendered in health or how ability is raced in health? While cultural competency is an attempt to address health disparities and inequities, it is only a small component to most nursing education curricula. It is centered on single-identities pertaining mostly to race, and not emphasized in most programs of nursing educators.

Interventions to help increase knowledge and promote positive attitudes and behavior toward the LGBT community should be implemented across all colleges of nursing. Educational seminars, LGBT safe-zone initiatives, no-discrimination tolerance policies, and exposure to diverse populations can all help to decrease the stigma and minority stress surrounding LGBT individuals who access and receive healthcare. The study indicates that diversifying both the nursing faculty and student body in regards to religious beliefs, sexuality, or race would

positively affect knowledge, attitudes and behavior toward the LGBT culture. Advocating for diverse students and faculty members can positively impact patients of different cultures and backgrounds.

Conclusion

Based on this study and its results, it is clear that homophobia is a concern among both faculty and students. Interventions currently exist to impact knowledge, attitudes, and behavior and should be implemented among this university's curriculum. However, seeking out a friend who is of a different culture of your own can impact all three realms without requiring an intervention implemented by an institution. Healthcare professionals have a responsibility to uphold and maintain a standard of care across all cultures for all peoples. While society has made significant progress, there is further work needed to be done in order to combat the stigma and discrimination facing patients who are LGBT.

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Appendix A: Tables

Table 1: Sample Demographics

Demographics	**Students** N=333 Rg: 18-51	**Faculty Members** N= 36 Rg: 35-69
Age and Student Educational Level	Mean: 21.99 Std. Dev: 3.49 **Sophomores** N = 113 Rg: 19-47 Std. Dev: 3.55 Mean: 21.03 **Juniors** N = 105 Rg: 18-51 Mean: 22.30 Std. Dev: 3.54 **Seniors** N = 106 Rg: 20-42 Mean: 22.71 Std. Dev: 2.28	Mean: 51.28 Std. Dev: 10.06 -- -- --
Race		
Caucasian	92.1%	94.4%
African American	4.3%	2.8%
Asian American	2.1%	--
Hispanic	0.3%	--
Other (Multiple)	0.9%	2.8%
Religion		
Christian	75.6%	75.0%
Jewish	0.9%	5.6%
Muslim	1.5%	--
Other	11.0%	11.1%
None	10.7%	8.3%
Sexuality		
Heterosexual	97.9%	100%
Bisexual	0.9%	--
Gay	0.9%	--
Political Affiliation		
Republican	35.4%	25.0%
Democrat	29.0%	61.1%
Independent	18.6%	13.9%
Apolitical	7.9%	--
Other	7.9%	--
Know Someone LGBT		
Yes	97.0%	100%
No	1.5%	--
Unsure	0.9%	--
Have an LGBT Friend		
Yes	80.1%	86.1%
No	15.9%	5.6%
Unsure	3.7%	8.3%

Table 2: Statistically Significant Results:
Analysis of Variance (P-Values)

	Knowledge	**Attitudes**	**Behavior**
Faculty vs. Students	0.021	0.001	0.006
Between Grade Level 2, 3, 4	0.013	0.880	0.593
Heterosexual vs. Non-Hetero	0.001	0.003	0.020
Republicans vs Democrats	0.070	0.000	0.000
Caucasians vs. Non-Caucasians	0.002	0.836	0.712
Extra Major vs. Nursing Major	0.912	0.034	0.625
Friend vs. Non-Friend	0.000	0.000	0.000
Know Someone vs. Not Know	0.246	0.000	0.028
$P < 0.05$			

Table 3: LGBT Phobia Scale of Stereotypes

Most Likely to be LGBT		**Least Likely to be LGBT**	
Feminists	74.8%	Catholics	86.7%
Democrats	62.1%	Jewish People	85.9%
HIV Positive People	68.6%	Republicans	85.7%
Non Religious People	65.0%	Single Mothers	79.7%
Women's Studies Majors	57.2%	Protestants	78.6%
Prostitutes	56.1%	Elementary Teachers	77.0%
Male Nurses	48.2%	Single Fathers	76.2%
Women in College	40.4%	Athletes	73.7%